

APPENDIX:
Complaint Form

**COMPLAINT FORM
UNITED STATES COURT OF FEDERAL CLAIMS
COMPLAINT OF JUDICIAL MISCONDUCT OR DISABILITY**

MAIL THIS FORM TO **THE** CLERK, UNITED STATES COURT OF FEDERAL **CLAIMS**, 717 MADISON PLACE, N.W., WASHINGTON, D.C. 20005. MARK THE ENVELOPE "JUDICIAL MISCONDUCT COMPLAINT" OR "JUDICIAL DISABILITY COMPLAINT". DO NOT PUT THE NAME OF THE JUDGE ON THE ENVELOPE.

SEE RULE 2(e) FOR THE NUMBER OF COPIES REQUIRED.

1. Complainant's name: _____
Address: _____

Daytime telephone: () _____

2. Judge complained about:
Name: _____

3. Does this complaint concern the behavior of the judge in a particular lawsuit or lawsuits?

☐ **Yes** ☐ **No**

If yes, give the following information about each lawsuit (if there is more than one list others on a separate sheet of paper):

Docket number: _____

Are (were) you a party or lawyer in the lawsuit?

☐ **Party** ☐ **Lawyer** ☐ **Neither**

If a party, give **the** name, address, and telephone number of your lawyer:

Lawyer's name: _____

Address: _____

Daytime telephone: () _____

Docket numbers of any appeals to the Court of Appeals for the Federal Circuit:

4. Have you tiled any lawsuits against the judge?
[1 Yes [] No

If "yes," give the following information about each lawsuit (if there is more than one list others on a separate sheet of paper):

court: _____

Docket number: _____

Present status of suit: _____

Name, address and telephone number of your lawyer:

Court to which any appeal has been taken in the foregoing suit:

Docket number of appeal: _____

Present status of appeal: _____

5. On separate sheets of paper, not larger than the paper this form is printed on, describe the conduct or the evidence of disability that is the subject of this complaint. See Rules 2(b) and 2(d). Do not use more that 5 page (5 sides). Most complaints do not require that much.
6. You should either

- (1) check the first box below and sign this form in the presence of a notary public; or
(2) check the second box and sign the form. You do not need a notary public if you check the second box.

[1 I swear (affirm) that--

[1 I declare under penalty of perjury that-

(1) I have read Rules 1 and 2 of the Rules of the United States Court of Federal Claims Governing Complaints of Judicial Misconduct or Disability, and

(2) The statements made in this complaint are true and correct to the best of my knowledge.

(Signature)

Executed on _____
(Date)

Sworn and subscribed
to before me _____
(Date)

(Notary Public)

My commission expires: _____